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CONFIRMATION NO. 4136

Bib Data Sheet

SERIAL NUMBER 10/622,403	FILING DATE 07/18/2003  RULE	CLASS 372	GROUP ART UNIT 2828	ATTORNEY DOCKET NO. LASER03-02
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## APPLICANTS

Richard C. Slater, Waban, MA;

## \*\* CONTINUING DATA \*\*\*\*

*Name* *TM*

## \*\* FOREIGN APPLICATIONS \*\*\*\*

*Name* *TM*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/19/2005

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i>	MA	7	29	2
Verified and Acknowledged	<i>[Signature]</i> <i>[Initials]</i>	Examiner's Signature Initials			

## ADDRESS

Lesley A. Hamlin  
 Textron Systems Corporation  
 201 Lowell Street  
 Wilmington, MA  
 01887

## TITLE

Coherent beam combination

FILING FEE	FEES: Authority has been given in Paper, No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time' ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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